

## MISSOURI DEPARTMENT OF REVENUE TAXATION BUREAU P.O. BOX 898, JEFFERSON CITY, MO 65105-0898 (573) 751-2326 TDD 1-800-735-2966

SAVINGS & LOAN ASSOCIATION — BUILDING & LOAN ASSOCIATION TAX RETURN

20 IN

|             | a Loan Account to Tax IL Total  |                         |                   |      |
|-------------|---|-------------------------|-------------------|------|
| <b>2006</b> | TAXABLE YEAR BASED ON THE 2005 CALENDAR YEAR INCOME PERIOD.   | DL                      | JE DATE APRIL 17, | 2006 |
| NAME        |   |                         |                   |      |
| ADDRES      | SS  |                         |                   |      |
| CITY, S     | TATE, ZIP CODE  |                         |                   |      |
| EEDED/      | AL I.D. NUMBER COUNTY NUMBER  |                         |                   |      |
| LDLIN       | AL I.D. NOWIDEN   |                         |                   |      |
|             | this taxable year, have you been notified of a change in your federal net income or federal income taxe, submit schedule of changes.)   | s for any period?   Yes | s 🗆 No            |      |
| NOTE        | E: A COPY OF THE FEDERAL RETURN AND SUPPORTING SCHEDULES MUST   | BE ATTACHED TO TH       | IIS RETURN.       |      |
| PART        | ГІ  |                         |                   |      |
| 1.          | Federal taxable income (loss) from Federal Form 1120, Line 28 for calendar year 2005  | 1                       | \$                |      |
| 0           | ADDITIONS   |                         |                   |      |
| 2.          | Income from state and/or political subdivision obligations not included in federal income (Explain if different from Federal Form 1120, Schedule M-1, Line 7.)  | 2                       | 2                 |      |
| 3.          | Income from federal government securities not included in federal income  | 3                       | 3                 |      |
| 4.          | Bad debt provision claimed on federal return (Federal Form 1120, Line 15)   | 4                       | 1                 |      |
| 5.          | Net bad debt recoveries   | 5                       | 5                 |      |
| 6.          | Missouri S & L Association — B & L Association Tax deducted on federal return   | 6                       | 6                 |      |
| 7.          | Taxes deducted on federal return, claimed as credits on this return. Enter here and Line 17 (must be of Schedule A or attachment). Explain difference, if any, between this amount and Federal Form 1120, F |                         | 7                 |      |
| 8.          | Other additions (attach schedule)   | 8                       | 3                 |      |
| 9.          | TOTAL of Lines 1 through 8  | 9                       | 9 \$              |      |
| PART        |   |                         |                   |      |
| 10.         | Net bad debt charge offs  |                         | \$                |      |
| 11.         | Federal income tax deduction (see instructions)   |                         |                   |      |
| 12.         | Charitable contribution in excess of allowable federal deduction  |                         | 2                 |      |
| 13.         | Other deductions (attach schedule)  |                         | 3                 |      |
| 14.         | Total of Lines 10, 11, 12, and 13   |                         | 1                 |      |
| 15.         | Taxable income (Line 9 less Line 14)  |                         | 5 \$              |      |
| PART        |   |                         |                   |      |
| 16.         | Tax — Multiply Line 15 by 7% (If apportionment required see instructions)   |                         | \$ \$             |      |
| 17.         | Credits from Line 7 above   |                         | 7                 |      |
| 18.         | Tax after allowable credits (subtract Line 17 from Line 16)   |                         | 3                 |      |
| 19A.        | Less tentative payment or amount previously paid  | 19                      | )A                |      |
| 19B.        | Miscellaneous credits (attach schedule and approved authorizations)   |                         | ЭВ                |      |
| 19C.        | Enterprise zone credit (attach certificate of eligibility)  |                         | ОС                |      |
| 20.         | Less overpayment of previous year's tax (attach approved credit voucher)  | 20                      | )                 |      |
| 21.         | Net tax (Line 18 less Lines 19A, 19B,19C, and 20)   | 21                      |                   |      |
| 22.         | Interest for delinquent payment (see instructions)  | 22                      | 2                 |      |
| 23.         | TOTAL AMOUNT DUE — Line 21 plus amount on Line 22   |                         | 3 \$              |      |

| CHEDULE A — TAXES CLAIMED AS CREDITS ESCRIPTION (Do not list tangible personal property tax on leased property)                  |                                |                        | AMOUNT                     |   |           |
|--|--------------------------------|------------------------|----------------------------|---|-----------|
| DESCRIPTION (DO NOT list tallgible persona   | al property tax on least       | ed property)           |                            | AWOUNT  |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
|  |                                |                        |                            |   |           |
| TOTAL (Enter on Lines 7 and 17, Page 1)  |                                |                        |                            | \$  |           |
| AUTHORIZATION/NON-AUTHORIZATION  |                                |                        |                            | Ψ   |           |
|  |                                |                        |                            |   |           |
| I authorize the Director of Revenue or his/her deleg discuss my return and attachments with the preparer member of his/her firm. |                                | NE                     |                            | Director of Revenue or his/her d attachments with the prepare |           |
| SIGNATURE — PLEASE SIGN BELOW  |                                |                        |                            |   |           |
|  | whose return is l              | nerewith submitted de  | clare that we have read an | d are familiar with all of th                                 | ne state- |
| ments contained in this return, including the accompanieturn is a true and complete statement, in accordance v                   | ying schedules (if any) all of | which are true and cor |                            |   |           |
| SIGNATURE OF OFFICER   | DATE                           |                        | RE (OTHER THAN TAXPAYER)   | DATE  |           |
|  |                                |                        |                            |   |           |
| TITLE OF OFFICER   | PHONE NUMBER                   | PREPARER'S ADDRESS     | AND ZIP CODE               | FEIN OR PTIN  |           |
|  |                                |                        |                            |   |           |
| MAKE CHECK OF MONEY OFFER DAVABLE TO "F  |                                |                        |                            | . (5  |           |

MAKE CHECK OR MONEY ORDER PAYABLE TO "FINANCIAL INSTITUTION TAX". If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically. MAIL COMPLETED FORM AND ATTACHMENTS TO THE TAXATION BUREAU, P.O. BOX 898, JEFFERSON CITY, MO 65105-0898.